## **STATEMENT OF**

FORM 1	ORGANIZATION (See instructions)	
1. NAME OF COMMITTEE (in	(Check if name Example: If typying, type	Office use only  12FE4M5
SIERRA CLUB	INDEPENDENT ACTION	
ADDRESS (number and	85 SECOND STREET SECOND FLOOR	
(Check if address is changed)	SAN FRANCISCO	CA 94105 -
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI  (Check if address is changed)	L ADDRESS (Please provide only one e-mail address)  political.report@sierraclub.org	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	www.sierraclub.org	
2. DATE 0.8	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA		1
4. IS THIS STATEM		
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct an  Treasurer  Catherine Duvall	id complete
Signature of Treasurer	Electronically Filed by Catherine Duvall	Date 0 6 / 2 1 / 2 0 1 1
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State	
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530	